

LD9000033553

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MyCorporation

An Intuit Company

21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

intuit.

Toll-free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005  
E-mail: [info@mycorporation.com](mailto:info@mycorporation.com)

## ROUTINE SERVICE FILING REQUEST

Thursday, March 19, 2009

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re:** *Aliquity LLC*

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company  
**Attn: Fulfillment Dept.**  
21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

**Articles of Organization**  
**For**  
**Aliquity LLC**  
**Florida Limited Liability Company**

**FILED**

**09 APR -6 PM 2:15**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Aliquity LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

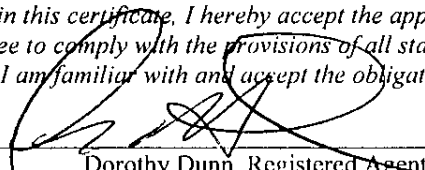
11201 Macombs Ct.  
Riverview, Florida 33569

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Dorothy Dunn  
11201 Macombs Ct.  
Riverview, Florida 33569

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Dorothy Dunn, Registered Agent

**ARTICLE IV - Management:**

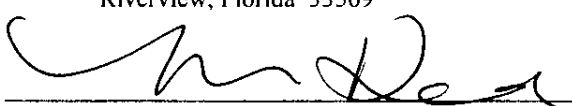
The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Dorothy Dunn  
11201 Macombs Ct.  
Riverview, Florida 33569

Brian Dunn  
11201 Macombs Ct.  
Riverview, Florida 33569

Alexander Dunn  
11201 Macombs Ct.  
Riverview, Florida 33569

Jamie Dunn  
11201 Macombs Ct.  
Riverview, Florida 33569

  
\_\_\_\_\_  
Meghan Record, Organizer